N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 24 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6652

1. PLACE OF DEATH
County Newton — Registration District No. 609 — File No. 17
Township Neosho — Primary Registration District No. 5808 — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Theodore Olsen
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Ola Olsen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16 1874

7. AGE — YEARS: 58 — MONTHS: 4 — DAYS: 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER
13. NAME Benjamin Olsen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Mrs Ola Olsen Neosho Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Joot Cemetery DATE 2-25 1933

19. UNDERTAKER (ADDRESS) Benjamin Neosho Mo

20. FILED 3/15 1933 O. E. Manesa Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1 1932, to Feb 19, 1933
I last saw him alive on Feb 19, 1933. Death is said to have occurred on the date stated above, at 1:35 A.m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis and Chronic Nephritis
131
97
Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) J. A. Reynolds, M. D.
(Address) Neosho Mo